County: Milwaukee
ST ANNS REST HOME
2020 SOUTH MUSKEGO

MI LWAUKEE 53204 Phone: (414) 383-2630 Ownershi p: Non-Profit Church Related Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): **50** Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/00): **50** Average Daily Census: 43 Number of Residents on 12/31/00: 42

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups		Less Than 1 Year	23. 8
Supp. Home Care-Personal Care	No					1 - 4 Years	47. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.4	More Than 4 Years	28. 6
Day Services	No	Mental Illness (Org./Psy)	21. 4	65 - 74	0. 0		
Respite Care	No	Mental Illness (Other)	14. 3	75 - 84	21.4		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57. 1	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	19. 0	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	0.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	47.6	65 & 0ver	97. 6		
Transportation	No	Cerebrovascul ar	4.8			RNs	11. 3
Referral Service	No	Di abetes	4.8	Sex	%	LPNs	7. 1
Other Services	No	Respiratory	2.4			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	4.8	Male	0. 0	Aides & Orderlies	40. 4
Mentally Ill	No			Female	100. 0		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No	I			100. 0		

Method of Reimbursement

		Medi c	are]	Medi c	ai d											
		(Title 18)		((Title 19)			Other P			Private Pay			Manage	Percent		
			Per Die	em		Per Die	m		Per Die	m		Per Dien	n]	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No). %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	0	0. 0	\$0.00	33	89. 2	\$101.58	0	0.0	\$0.00	5	100. 0	\$115.00	0	0. 0	\$0.00	38	90. 5%
Intermediate				4	10. 8	\$83. 29	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	4	9. 5%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	0	0.0		37 10	00. 0		0	0. 0		5	100.0		0	0. 0		42	100.0%

ST ANNS REST HOME

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi t	i ons, Servi ces, a	nd Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	45. 5	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0. 0		71. 4	28. 6	42
Other Nursing Homes	9. 1	Dressi ng	19. 0		69. 0	11. 9	42
Acute Care Hospitals	45. 5	Transferring	45. 2		42. 9	11. 9	42
Psych. HospMR/DD Facilities	0.0	Toilet Use	40. 5		45. 2	14. 3	42
Rehabilitation Hospitals	0.0	Eating	71. 4		26. 2	2. 4	42
Other Locations	0.0	***************	********	******	***********	*******	******
Total Number of Admissions	11	Continence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	0.0	Receiving Resp	oi ratory Care	9. 5
Private Home/No Home Health	0.0	0cc/Freq. Incontinent	of Bladder	73.8	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	0.0	0cc/Freq. Incontinent	of Bowel	33. 3	Receiving Suct	ti oni ng	0.0
Other Nursing Homes	22. 2				Receiving Osto	omy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube	e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mecl	nanically Altered Diets	38. 1
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident (Characteri sti cs	
Deaths	77.8	With Pressure Sores		4.8	Have Advance l	Di recti ves	100.0
Total Number of Discharges		With Rashes		4.8	Medi cati ons		
(Including Deaths)	18				Receiving Psyc	choactive Drugs	57. 1

	Ownershi p:		ershi p:	Bed	Si ze:	Li co	ensure:		
	Thi s	Non	profi t	50-	50-99		Ski l l ed		
	Facility Peer Group		Peer	Group	Peer	Group	Facilities		
	%	%	Rati o	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86. 0	91. 5	0. 94	86. 1	1.00	81. 9	1.05	84. 5	1.02
Current Residents from In-County	92. 9	87. 4	1. 06	90. 2	1.03	85. 6	1.08	77. 5	1. 20
Admissions from In-County, Still Residing	90. 9	27. 5	3. 31	22. 1	4. 12	23. 4	3. 88	21. 5	4. 23
Admissions/Average Daily Census	25. 6	115. 2	0. 22	168. 8	0. 15	138. 2	0. 19	124. 3	0.21
Discharges/Average Daily Census	41. 9	118. 5	0. 35	169. 2	0. 25	139.8	0. 30	126. 1	0. 33
Discharges To Private Residence/Average Daily Census	0. 0	35. 5	0.00	70. 9	0.00	48. 1	0.00	49. 9	0.00
Residents Receiving Skilled Care	90. 5	89. 5	1. 01	93. 2	0. 97	89. 7	1.01	83. 3	1.09
Residents Aged 65 and Older	97. 6	96. 9	1. 01	93. 4	1. 04	92. 1	1.06	87. 7	1. 11
Title 19 (Medicaid) Funded Residents	88. 1	57. 6	1. 53	51. 5	1.71	65. 5	1.35	69. 0	1. 28
Private Pay Funded Residents	11. 9	35. 4	0. 34	36. 3	0. 33	24. 5	0. 49	22. 6	0. 53
Developmentally Disabled Residents	0. 0	0.4	0. 00	0. 4	0. 00	0. 9	0. 00	7. 6	0.00
Mentally Ill Residents	35. 7	30.8	1. 16	33. 0	1.08	31. 5	1. 14	33. 3	1.07
General Medical Service Residents	4. 8	24. 9	0. 19	24. 2	0. 20	21.6	0. 22	18. 4	0. 26
Impaired ADL (Mean)	40. 0	50 . 5	0. 79	48. 8	0. 82	50. 5	0. 79	49. 4	0.81
Psychological Problems	57. 1	45. 5	1. 26	47. 7	1. 20	49. 2	1. 16	50. 1	1.14
Nursing Care Required (Mean)	7. 1	6. 6	1. 09	7. 3	0. 98	7. 0	1.02	7. 2	1.00